

Rural EMS



Rural EMS providers face greater physical distances when responding to calls, difficulty recruiting and retaining its workforce, and higher fixed costs over a lower volume of services.



Four out of five counties (82%) have at least one ambulance desert, being 25 minutes or more from services, impacting 4.5 million rural residents.



Over 50% of rural EMS agencies are staffed by volunteers, however the EMS volunteer pool is shrinking nationally.

Challenges faced in providing EMS in rural areas are directly linked to issues involving reimbursement, financial capitol, workforce supply, and training standards.



The national average from the time of a 911 call to arrival on scene **doubles** from **7 to 14 minutes** in rural areas.



Of these calls, **1 in 10** of these rural patients are **actually waiting 30+ minutes** for the arrival of EMS personnel.

NRHA Supported Legislation

S.1643/H.R.2232 Protecting Access to Ground Ambulance Medical Services Act

Sen. Cortez Masto (D-NV) and Rep. Tenney (R-NY)

Extends temporary additional reimbursement for ground ambulance services in rural areas to ensure access to vital emergency services.

Emergency Medical Services Reimbursement for On-Scene Care and Support Act

(S.3236 in 118th Congress)

Senators Welch (D-VT), Sanders (I-VT), Smith (D-MN)

Ensures Medicare reimbursement for care provided by EMS on-scene, regardless of whether or not transportation is provided.

Comprehensive Alternative Response for Emergencies (CARE) Act

Reps. Carey (R-OH), Doggett (D-TX), and Miller (R-WV), and Pat Ryan (D-NY)

Allow seniors on Medicare to receive at-home emergency medical services to treat minor medical incidents by creating a model that reimburses Emergency Medical Service (EMS) providers delivering treatment in place and not just reimburse when Medicare patients are transported to the hospital.

H.R. 2220 PARA-EMT Act

Reps. Gluesenkamp Perez (D-WA), Finstad (R-MN), Feenstra (R-IA), Bonamici (D-OR), Lawler (R-NY), and Harder (D-CA)

Addresses EMS staffing shortages and makes it easier for experienced veterans to transition from medics to becoming certified paramedics and EMTs.

Protecting Air Ambulance Services for Americans Act

(S. 1803/H.R. 3691 in 118th Congress)

Reps. Estes (R-KS), DelBene (D-WA), Sens. Bennet (D-CO), and Blackburn (R-TN.)

Improves access to emergency air medical services, particularly for Americans living in rural communities, to update Medicare reimbursement rates for emergency air services.

The Community Paramedicine Act

(H.R. 8042 in 118th Congress)

Reps. Cleaver (D-MO) and Armstrong (R-ND)

Authorizes a grant program dedicated to providing rural and urban communities the funding necessary to offer centralized, mobile, and preventative care through local paramedics.

The Preserving Emergency Access in Key Sites (PEAKS) Act

(H.R. 7931 in 118th Congress)

Rep. Carol Miller (R-WV)

Allows CAHs that fall within the 15-mile mountainous terrain classification to receive reimbursement for their ambulance services.